

**DOMESTIC  
LIMITED PARTNERSHIP**

**STATE OF MAINE**

**CERTIFICATE OF ELECTION  
TO BE GOVERNED BY THE  
UNIFORM LIMITED PARTNERSHIP  
ACT OF 2007  
TITLE 31, CHAPTER 19**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

\_\_\_\_\_  
(Name of Limited Partnership)

Pursuant to [31 MRSA §1453.1.B](#), the undersigned limited partnership executes and delivers for filing this certificate of amendment:

**FIRST:** The date of filing of the limited partnership's initial certificate is \_\_\_\_\_.  
(date)

**SECOND:** The limited partnership was formed before July 1, 2007, and elects to be subject to the Uniform Limited Partnership Act of 2007, Title 31, chapter 19.

**THIRD:** Check only if applicable

☐ The limited partnership is a limited liability limited partnership.

(If checked, the limited partnership name must be changed to contain one of the following: "Limited Liability Limited Partnership", "L.L.L.P." or "LLLP" and cannot contain the abbreviation of "L.P" or "LP"; see [31 MRSA §1308.1.A.3](#))

\_\_\_\_\_  
(New name of limited partnership to comply with [31 MRSA §1308.1.A.3](#))

**FOURTH:** Check only if applicable

☐ This is a professional limited liability limited partnership\*\* formed pursuant to [31 MRSA §1354.4](#) to provide the following professional services: (see [31 MRSA, chapter 22-A](#) for information on what constitutes professional services)

\_\_\_\_\_  
(type of professional services)

DATED \_\_\_\_\_

**Authorized Signatories\***

_____	_____
(signature)	(type or print name)
_____	_____
(signature)	(type or print name)
_____	_____
(signature)	(type or print name)

**For Authorization Signatories which are Entities**

Name of Entity _____	
By _____	_____
(authorized signature)	(type or print name and capacity)
Name of Entity _____	
By _____	_____
(authorized signature)	(type or print name and capacity)
Name of Entity _____	
By _____	_____
(authorized signature)	(type or print name and capacity)

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\*Certificate **MUST** be signed as follows:

If **Item Third is not checked** by at least one **general partner** listed in the certificate. ([31 MRSA §1324.1.E.1](#))

If **Item Third is checked** by ALL **general partners** listed in the certificate. ([31 MRSA §1324.1.B](#))

\*\*In addition to the words “limited liability limited partnership,” the name must contain one of the following: “professional,” “chartered,” “professional association” or “service” or the abbreviation “P.A.,” “PLLP,” “P.L.L.L.P.,” or “S.L.L.L.P”. **Examples** of professional services are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list – see [13 MRSA §723.7.](#))

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

**Secretary of State**  
**Division of Corporations, UCC and Commissions**  
**101 State House Station**  
**Augusta, ME 04333-0101**  
Telephone Inquiries: (207) 624-7752

Email Inquiries: [CEC.Corporations@Maine.gov](mailto:CEC.Corporations@Maine.gov)